Serial No.: 10/582,005

Response dated 02 March 2010

Reply to Office Action of 02 November 2009

Amendments to the Specification:

Please replace paragraphs [0018]-[0023] of the specification with the following amended

paragraphs:

[0018] With reference to FIGS. 1-3, it can be observed how the 3-way stopcock consists of a

cylindrical body or nucleus (1) in which the plug or stopper (4) works and where the principal arm or

channel (2) $\underline{\text{and its}}$ $\underline{\text{a-it's}}$ two secondary arms (3,3') meet or converge. Between these three arms they

communicate or not depending on the position that the plug (4) adopts, which is operated by health

care workers via the handle (5). As stated before, the principal arm (2) is assigned to receive an

intravenous catheter (11) placed in the patient, while the secondary arms or channels (3, 3') are

assigned to receive other catheters or lines (10,10°), whereupon relating the stopcock of the invention

with some containers supplying therapeutic fluids, for example; saline solution, antibiotics or any

other equal products.

[0019] According to the present invention, the secondary arms (3,3) that emerge from the body or

nucleus (1) in diametric opposition is <u>each configured such that an</u> eharacterized because respective

trajectories run in each initial segment is curved (3a, 3a') and a prolong in final segment of each segments (3b,3b') which run runs parallel to the principal arm (2). The direction of inclination of the

curved segments is toward the patient's shoulder. This way, it prevents the problem of occlusion or

blocking ehocking of the secondary arms.

[0020] The means of coupling (6) that is used for connecting the 3-way stopcock to the

corresponding catheters [[is]] $\underline{can} \, \underline{b} e$ by universal connectors or luer-lock, which are used in medical

practice practise.

[0021] When the 3-way stopcock is connected to the intravenous catheter properly placed in the

patient's forearm (9) according to FIG. 2, the secondary arms (3, 3') present curved. segments (3a,

3a) which avoid accumulation of solids and therefore eliminate the risk of occlusion of its channels.

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By means of the distal segments (3b,3b') which are the prolongation of the curved segments (3a,

3a') and the catheters (10,10') remain visibly parallel between themselves and are oriented

longitudinally [[in]] along the forearm heading towards the patient's shoulder, that is, in the most ideal position for the eatheters $(10, 10^{\circ})$ connected to the distal segments $(3b, 3b^{\circ})$ of the secondary

arms communicate with the corresponding containers or bottles supplying therapeutic fluids. These

bottles usually hang from a support in the form of a "T" placed at the head of the bed. Therefore, in

the position in which the stopcock acts, according to the present invention, it turns out to be

the position in which the stopcock acts, according to the present invention, it turns out to be

impossible for said catheters (10, 10') to choke off or kink, thus making difficult or impeding the flow

of the appendix fluids. In addition, the stopcock of the present invention provides for To this advantage it-ean be added, the non-occlusion of the arms due to the curved portions or segments (3a, 3a')

presented in the stopcock of this invention.

[0022] The 3-way stopcock present invention is made out of medical grade polymer, this is a polymer

resistant to thermal treatment received in sterilization. It does not interact with therapeutic fluids and

has to be easy to manipulate, etc. In addition, the initial portions (3, 3') have a high elastic index, which produces a greater canacity to return to its original position. This way, offering provides a

stopcock offering which offers greater security for the patient and a higher capacity for manipulation

on the part of sanitary personnel.

[0023] [[In]] FIG. 3, it can be observed $\underline{\text{shows}}$ the interior of stopper or plug (4), whereupon

 $\frac{appraisal - of in which}{appraisal - of in which}$ the configuration of the inner channels (4a, 4b) is sensibly in the form of an

inverted "V₂" having being its branches slightly arched so as to permit optimal flow of fluids.

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